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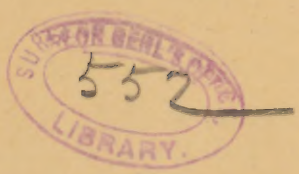

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MENORRHALGIA AND ITS RATIONAL TREATMENT.*

BY G. BETTON MASSEY, M. D., PHILADELPHIA.

In a paper read before this Society in the winter of 1888 I suggested the term *Menorrhalgia* as a preferable one to *Dysmenorrhœa* in designating the symptomatic condition in which menstrual pain is the chief feature. The term menorrhalgia is therefore used in this paper as synonymous with the more widely used term dysmenorrhœa. It is preferred because it involves no theory of mechanical difficulty so inseparably connected with the former term.

That menstrual pain is rarely if ever associated with obstruction of the flow is more definitely determined to-day than ever. Of those who still maintain the truth of this discredited theory, or who, without considering the pathology of the condition, continue to employ dilatation as a remedy, I would ask proof of their theory in the following details ·

1. Have they met with a case of ordinary menstrual pain in a young woman in which an accumulation of the menstrual fluid occurred above the alleged stricture?

2. Have they not met with cases of artificial stenosis from a trachelorrhaphy greater than the usual idiopathic stenosis, without the distinctive features of menorrhspasm and without pain?

3. Have they passed a sound during the height of the suffering in any of these cases of pain and cramps without finding the uterus more patulous than between periods?

There can be but one conclusion from a series of facts thus elicited—namely, that it is irrational to regard menorrhalgia as due to obstruction in any sense, even though a spasm of the internal os can be produced by the sound between periods, for even this spasmodic contraction will usually be found wanting during the period itself.

It is clear, in the light of all the facts, that menorrhalgia is merely the expression in pain of an attempted functionation of a lame set of organs, the pain often taking the form of a menorrhspasm. The causes of this lame performance of an important function may be in the nervous system exclusively—the neuropathic diathesis—though

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it is usual to find some chronic inflammatory condition of the uterus or ovaries as the exciting agency.

The rational treatment of the affection calls for a correction of the faulty condition of the nervous system, which is often an actual neurasthenia, and where the local fault is very slight this will be quite sufficient. But if there is distinct physical trouble about the uterus and its associated organs, it is extremely illogical to depend upon general curative measures alone. The case will be a costly failure. In nearly nine tenths of the cases occurring in single women an endometritis is the exciting cause, for of thirty-two cases of which the writer has preserved careful notes, at least twenty-eight showed marked signs of this condition.

These thirty-two cases presented other points of interest when studied collectively. For instance, in only four of them was any difficulty encountered in inserting a sound of ordinary caliber, and in each of these I succeeded in fully inserting the sound-shaped electrode after several partial insertions and negative applications to the cavity as far as inserted, and in no instance was it necessary to dilate either forcibly or with dilating electrodes after Fry's method. At no time has it been necessary to use force to insert the electrode, and in no instance was a tenaculum or Volsella forceps used to fix the os while the electrode was slipped in.

It would seem, indeed, that the most important enumeration in connection with these cases was of the things I did not do. Of the things accomplished, however, it may be said that I did insert electrodes into all these cases of alleged narrow and obstructed uterine canals without forcing, stretching, or otherwise wounding the structures of the uterus, and that all of the cases, with the exception of four, were cured of the trouble. Neither of these four excepted cases were instances of difficult insertion, and the results were indefinite simply because of insufficient treatment.

Of the thirty-two cases five had been dilated by other physicians ineffectually before coming under my care, most of these having been dilated most thoroughly under anæsthesia on more than one occasion.

The purpose of the electric treatment is therefore not dilatation, as has been incorrectly assumed by some physicians, but the cure of the congestion, inflammation, or malnutrition on which the condition depends.

In most cases the rigid, sound-shaped electrode must be used as a negative pole within the uterus, with currents varying from fifteen to forty milliampères; though in patulous cases an elastic, cotton-cov-

ered electrode is preferable. These applications should be made twice a week, interspersed with vaginal applications of both currents if there be tenderness or congestion in either tubal region, and they should extend over two intermenstrual periods, as a rule, to insure permanent results. Should a pelvic neurosis be the only condition present, with or without lack of development or malassimilation, the intra-uterine treatment should be omitted, and reliance be placed on the vaginal application of both currents as the special electrical feature of the treatment. For neurasthenic symptoms the general galvanic stimulation should be added with the other features of the rest-cure methods.

Tabulated Statement of Thirty-two Cases of Menorrhalgia treated by Electricity.

No.	Age.	Duration of disease.	Presence of discharges.	Degree of narrowing of canal.	Previous treatment.	Result of electrical treatm't.
	Yrs.					
1	22	Since puberty.	Moderate leucorrhœa.	Insertion easy.	.....	Cured.
2	24	Since puberty.	None.	Insertion easy.	.....	Cured.
3	21	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
4	19	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
5	25	Five years.	Leucorrhœa.	Insertion easy.	Dilatation.	Improved.
6	24	Since puberty.	Leucorrhœa.	Insertion easy.	.....	One treatment only.
7	23	Since puberty.	Leucorrhœa.	Insertion difficult.	.....	Cured.
8	24	Since puberty.	Leucorrhœa.	Insertion difficult.	.....	Cured.
9	25	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
10	26	One year.	Leucorrhœa.	Insertion easy.	.....	Cured.
11	27	Four years.	Leucorrhœa.	Insertion easy.	.....	Cured.
12	22	Two years.	Leucorrhœa.	Insertion easy.	Dilatation.	Cured.
13	21	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
14	38	Seven years.	Leucorrhœa.	Insertion easy.	.....	Cured.
15	22	Since puberty.	Leucorrhœa.	Insertion difficult.	.....	Cured.
16	22	One year.	Leucorrhœa.	Insertion easy.	.....	Improved.
17	26	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
18	27	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
19	21	Since puberty.	Leucorrhœa.	Insertion difficult.	.....	Cured.
20	26	Since puberty.	Leucorrhœa.	Insertion difficult.	.....	Cured.
21	25	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
22	23	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
23	21	Since puberty.	Slight leucorrhœa.	Insertion easy.	.....	Cured.
24	27	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
25	39	Since puberty.	Leucorrhœa.	Insertion easy.	Dilatation.	Cured.
26	25	Seven years.	None.	Insertion easy.	.....	Improvem't.
27	21	Seven months.	Leucorrhœa.	Insertion easy.	.....	Cured.
28	31	Since puberty.	Leucorrhœa.	Insertion easy.	Dilatation.	Cured.
29	27	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
30	25	Since puberty.	Leucorrhœa.	Insertion easy.	.....	Cured.
31	20	Since puberty.	Leucorrhœa.	Insertion easy.	Dilatation.	Cured.
32	22	Four years.	Leucorrhœa.	Insertion easy.	.....	Cured.